

State of Colorado**Office of Administrative Courts**

1525 Sherman St., 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us
 1330 Inverness Drive, Suite 330, Colo. Springs, CO 80910 Email: oac-csp@state.co.us
 222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us

Claimant,

v.

Employer/Respondent, and

Insurer/Respondent.

▲ Court Use Only ▲

WC Number:

Date of Injury:

Amendment to**Application for Hearing**

Date of Application for Hearing

You must complete all sections of Application (Sections A, B, C, & D)

A. Application for Hearing Filed by or for:

(Print Name of Party)

It is requested that this matter be set for hearing in (check one):

Denver Colorado Springs Grand Junction Pueblo Glenwood Springs

Check here to certify that you have attempted to resolve with the other parties all issues listed on the application for hearing as required by Section 8-43-211(4), C.R.S.

Check here if compensability is contested, or if this hearing is requested in response to a final admission of liability or to contest a conclusion in a Division-sponsored independent medical examination (DIME).

Issues identified for hearing (select all that apply):

<input type="checkbox"/> Compensability (whether claimant sustained a work injury)	<input type="checkbox"/> Permanent Partial Disability Benefits
<input type="checkbox"/> Medical Benefits	<input type="checkbox"/> Permanent Total Disability Benefits
<input type="checkbox"/> Authorized Provider	<input type="checkbox"/> Petition to Reopen Claim
<input type="checkbox"/> Temporary Total Disability Benefits	<input type="checkbox"/> Disfigurement
<input type="checkbox"/> Temporary Partial Disability Benefits	<input type="checkbox"/> Death Benefits
<input type="checkbox"/> Average Weekly Wage	

Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended.
(Section 8-43-304(4), C.R.S.)*(Attach additional pages as needed)*

Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc.) *(Attach additional pages as needed)*:

Witnesses to be called at the hearing or by deposition (List names and addresses):

Name

Address

1. _____
2. _____
3. _____
4. _____

*(Attach additional pages as necessary)***B. Setting Case for Hearing**

I am not represented by an attorney and would like the Office of Administrative Courts to set a hearing for me. (Rule 8(D) OACRP).

The undersigned will contact the Office of Administrative Courts, at www.colorado.gov/oac, to obtain dates for a hearing. The applicant shall confer with the opposing parties and file a written hearing confirmation form with the Office of Administrative Courts.

Complete Sections C and D

C. Signature of Party or Attorney

X

Signature

Attorney Registration Number (if applicable)

First Name:

Last Name:

Company:

Address:

City:

State:

Zip:

Phone:

E-mail:

D: Certificate of Service or Mailing

I hereby certify that I mailed or delivered true and correct copies of the Amended Application for Hearing to all parties at the addresses shown below: (A *claimant must provide a copy to the employer and the insurer, or their attorney.*)

Party 1

First Name: Last Name:

Company:

Address:

City: State: Zip: Phone:

E-mail:

Party 2

First Name: Last Name:

Company:

Address:

City: State: Zip: Phone:

E-mail:

Signature of person serving document

Date served

Revised 11/25